

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jul 11, 2002 8:00 am**  
**Secretary of State**

07-11-2002 90245 038 \*\*\*150.00

**DOCUMENT # P00000103121**1. Entity Name  
**FLORCAB CORPORATION**

## Principal Place of Business

**18181 NE 31 CT, STE 202  
AVENTURA FL 33160**

## Mailing Address

**18181 NE 31 CT, STE 202  
AVENTURA FL 33160****B0128813**

DO NOT WRITE IN THIS SPACE

## 2. Principal Place of Business

\*Suite, Apt. #, etc.

City &amp; State

Zip

Country

## 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number **65-1100729**

Applied For

Not Applied

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

## 6. Name and Address of Current Registered Agent

**ROA BODIN, GLORIA  
2855 LEJAUNE RD, STE 1001  
CORAL GABLES FL 33134**

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐  
(See criteria on back)10. Election Campaign Financing Trust Fund Contribution. ☐**\$5.00 May Added to Fee**

## 11. OFFICERS AND DIRECTORS

|                 |                                |                                 |
|-----------------|--------------------------------|---------------------------------|
| TITLE           | <b>DPS</b>                     | <input type="checkbox"/> Delete |
| NAME            | <b>OSCAR BELENISKI, MARIO</b>  |                                 |
| STREET ADDRESS  | <b>18181 NE 31 CT, STE 202</b> |                                 |
| CITY - ST - ZIP | <b>AVENTURA FL 33160</b>       |                                 |
| TITLE           | <b>V</b>                       | <input type="checkbox"/> Delete |
| NAME            | <b>BELENISKI, BEATRIZ</b>      |                                 |
| STREET ADDRESS  | <b>18181 NE 31 CT, STE 202</b> |                                 |
| CITY - ST - ZIP | <b>AVENTURA FL 33160</b>       |                                 |
| TITLE           | <b>T</b>                       | <input type="checkbox"/> Delete |
| NAME            | <b>BELENISKI, CAROLINA</b>     |                                 |
| STREET ADDRESS  | <b>18181 NE 31 CT, STE 202</b> |                                 |
| CITY - ST - ZIP | <b>AVENTURA FL 33160</b>       |                                 |
| TITLE           |                                | <input type="checkbox"/> Delete |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |
| TITLE           |                                | <input type="checkbox"/> Delete |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |
| TITLE           |                                | <input type="checkbox"/> Delete |
| NAME            |                                |                                 |
| STREET ADDRESS  |                                |                                 |
| CITY - ST - ZIP |                                |                                 |

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                 |  |  |
|-----------------|--|--|
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |  |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |  |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |  |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |  |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |
| TITLE           |  | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME            |  |  |
| STREET ADDRESS  |  |  |
| CITY - ST - ZIP |  |  |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 1 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/22/02**

Day

Daytime Phone #

Attachment  
B0128813

FLORCAB CORPORATION  
18181 NE CT. Ste. 202  
AVENTURA, FL 33160

July 9, 2002

Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: FLORCAB CORPORATION

1129  
1134  
P00000103121

Dear Sirs:

On 4/22/02 we mailed our check ~~1134~~ for \$150.00 with Uniform Business Report (UBR) covering the fees for the year 2002.

The check above mentioned check was never cleared by the bank, we called your office and was informed to explain this situation, and send a new check for \$150.00 and copy of the Form (UBR). We are enclosing a new check for \$150.00 and a copy of the (UBR) for the year 2002, to replace the lost check.

We would appreciate your help to waive penalties and accept our explanation.

— Thank you for your attention to this matter, in case of any doubt call Mr. J.A. Callejo at (305) 661-4495.

Truly yours,  
FLORCAB CORPORATION

Mario O. Beremiski  
President